

FIG. 1A



- 124
- Rating Scale:**
- 120
- 122
0. This is a positive rating of absence. It does not mean 'not known' or 'uncertain whether present or not'. It can only be used if sufficient information is available to establish its accuracy.
 1. This is a positive rating of presence, but presence of such a minor degree that it is not appropriate for use in classification. Like (0), it does not mean 'not known' or 'uncertain'. Ratings of (1) count in scores, which in turn influence the level allocated on the Index of Definition.
 2. This rating means that the item is present at a level sufficient to use in classification. For this purpose it is equivalent to 3, but it contributes less to scores. In general, it is used when symptoms are of moderate severity during most of the period being assessed.
 3. A rating of (3) is similar to (2) except that the symptom is present in severe form for most of the period under review.
 5. The presence of psychotic symptoms can make the rating of Part One items very difficult, because of problems in interpreting the meaning of what R says, or because the symptoms (for example, anxiety or a phobia about leaving one's house) may themselves be based in psychotic experiences. The rating should only be made when there is genuine doubt about the nature of the symptom or the balance is in favor of the symptom being psychotic.
 8. If, after an adequate examination, the interviewer is still not sure whether a symptom is present (rated 1-3) or absent (rated 0), the rating is (8). This is the only circumstance in which (8) is used. It should not be used to indicate a mild form of the symptom.
 9. This rating is only used if the information needed to rate an item is incomplete in some respect, for example because of language or cognitive disorder, or lack of cooperation, or because the interviewer forgot to probe sufficiently deeply. It is distinguished from (8) because the examination was not, for whatever reason, carried out adequately.

FIG. 1B

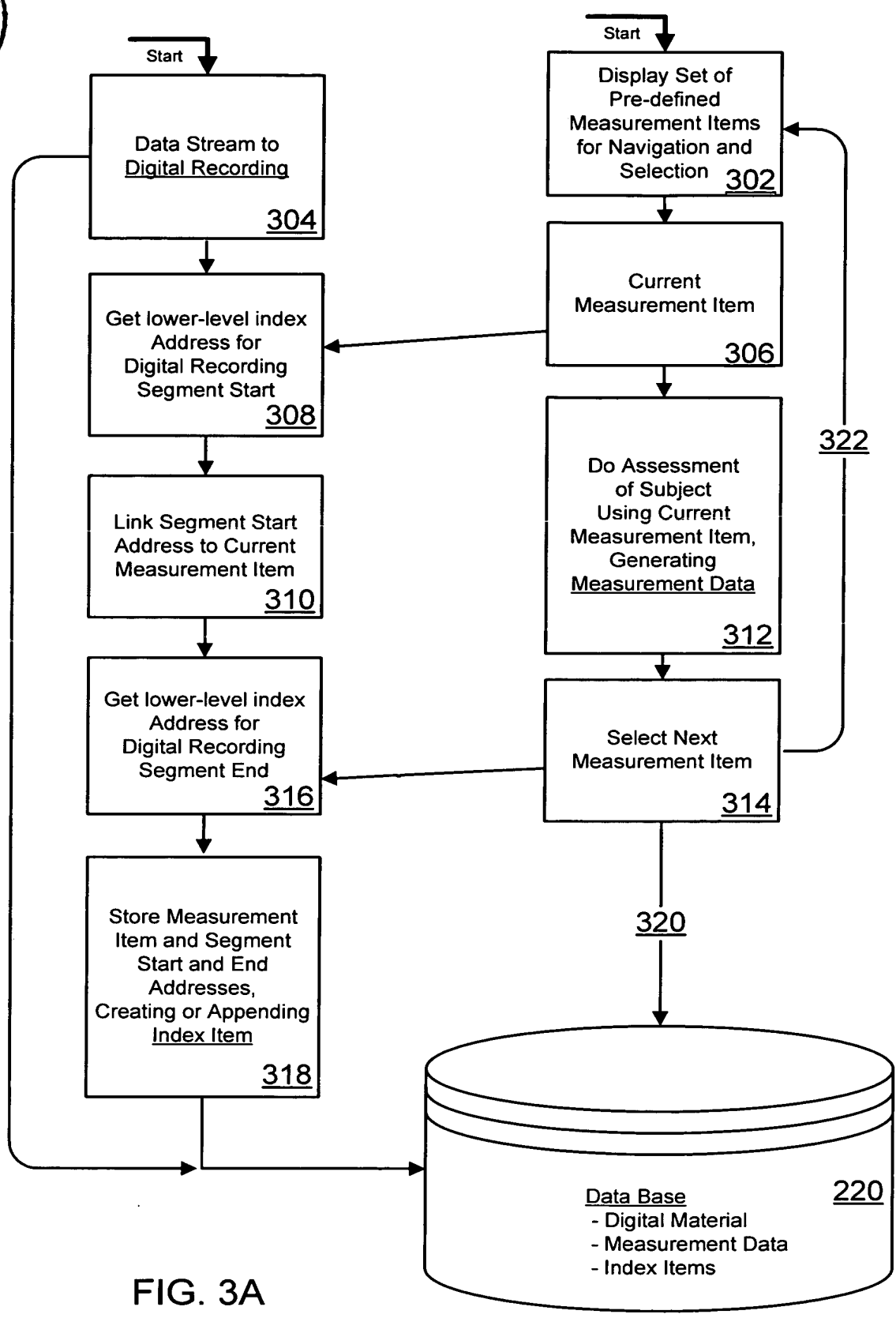


FIG. 3A

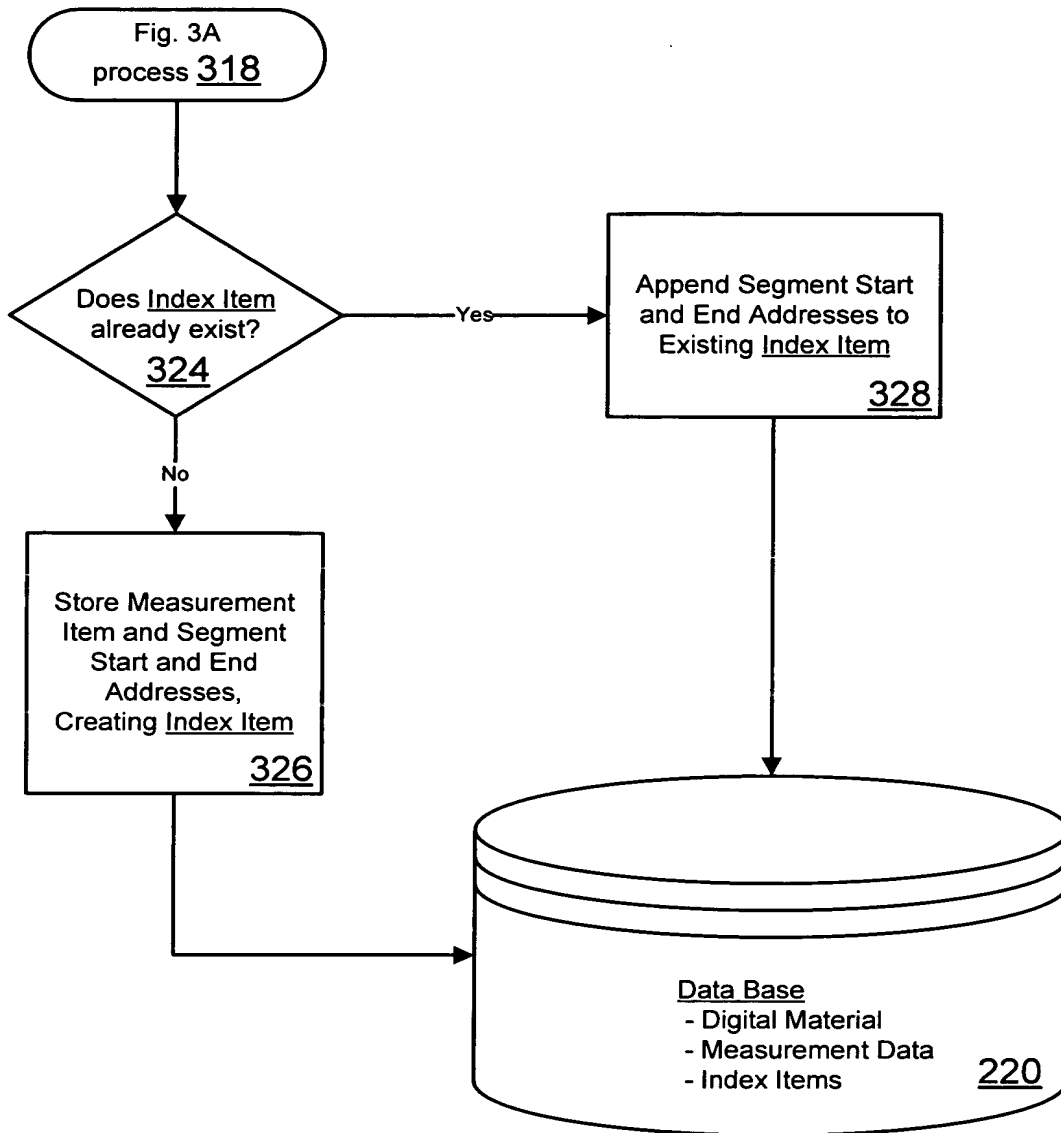


FIG. 3B

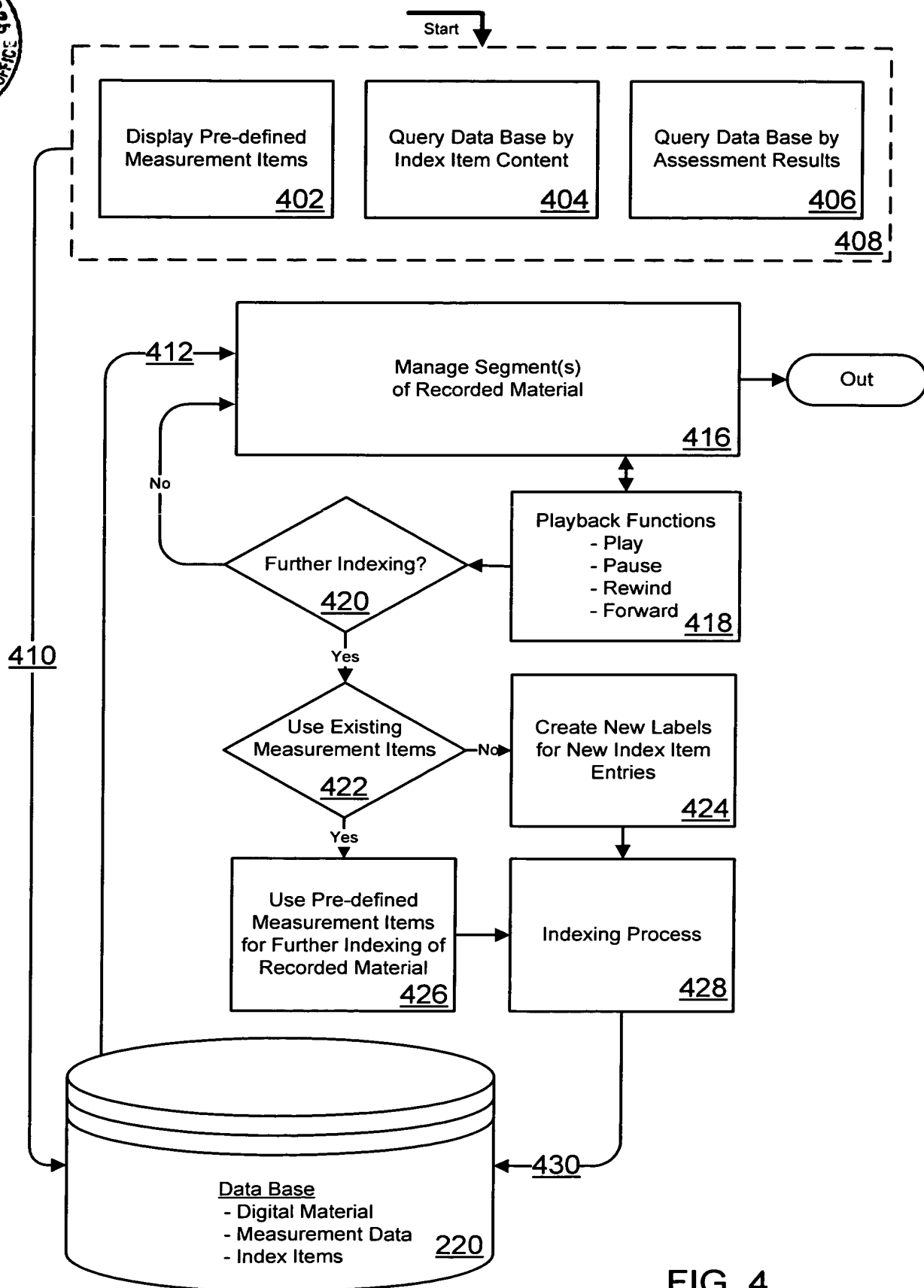


FIG. 4

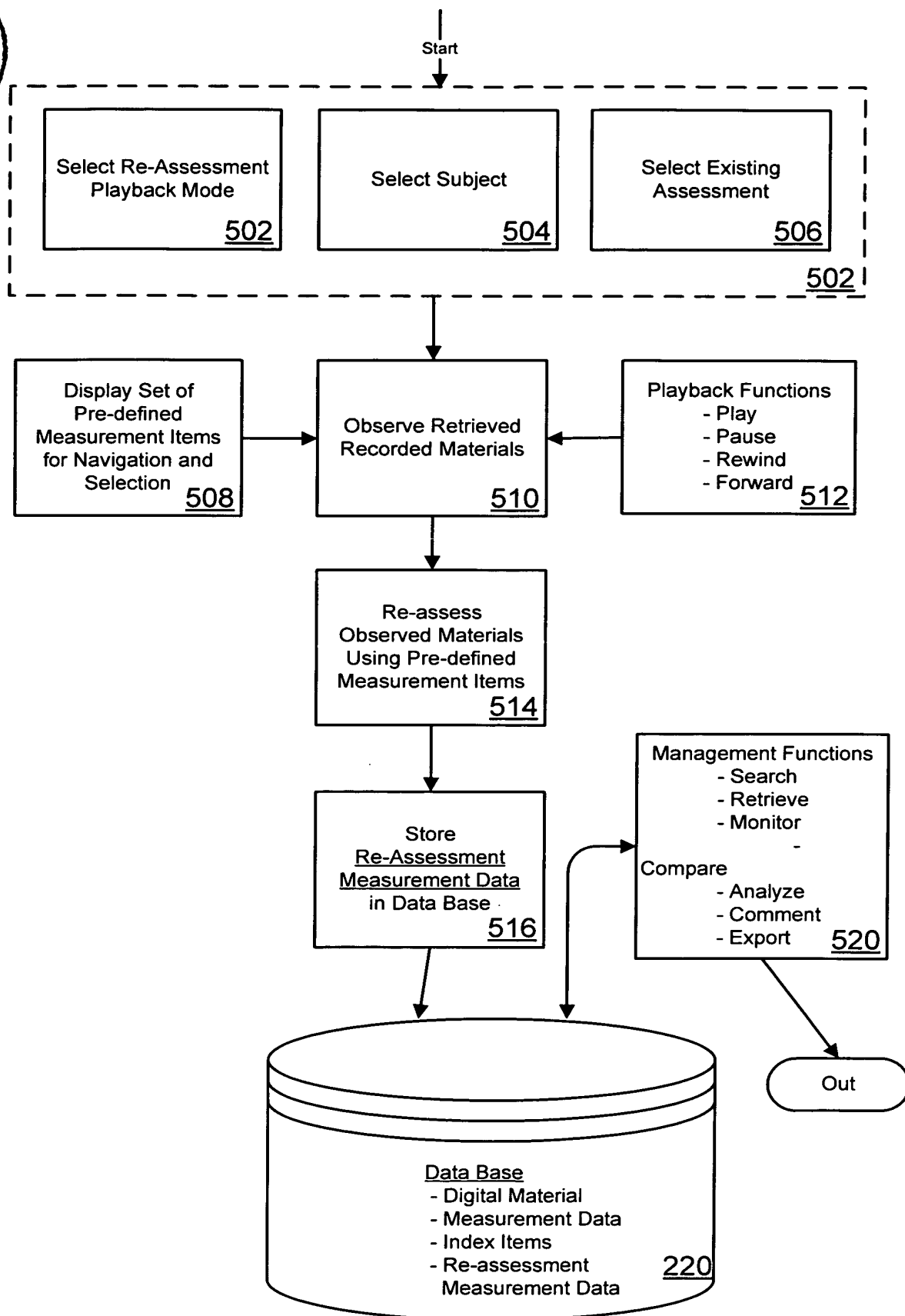


FIG. 5

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Please double-click on the Description, or highlight a Description and click the "Enter" key.																
Rating Description																
Score																
<p>0 This is a positive rating of absence, which does not mean "not known" or "uncertain whether present or absent." It can only be used if sufficient information is available to establish its accuracy.</p> <p>1 This is a positive rating of presence, but appropriate for use in classification. Let's call it "not known," "not known" or "uncertain." Ratings of (1) count in scores (but not for diagnostic purposes), which in turn influence the level allocated on the Index of Denial.</p> <p>2 This rating means that the item is present at a level sufficient to use in classification. For this purpose it is equivalent to 3, but it contributes less to scores. In general, it is used when symptoms are of moderate severity during most of the period being assessed.</p> <p>3 A rating of (3) is similar to (2) except that the symptom is present in several form for most of the period under review.</p> <p>4 The presence of psychotic symptoms can make the rating of (4) (see Item 3) very difficult, because of problems in interpreting the meaning of what R says, or because the symptoms (for example, anxiety or a phobia about leaving one's house) may themselves be based in psychotic experiences. The rating should only be made when there is genuine doubt about the nature of the symptom or the balance is in favor of the symptom being psychotic.</p> <p>5 If, after an adequate examination, the interviewer is still not sure whether a symptom is present (rated 1-3) or absent (rated 0), the rating is (8). This is the only circumstance in which (8) is used. It should not be used to indicate a mild form of the symptom.</p> <p>9 This rating is only used if the information needed to rate an item is incomplete in some respect, for example because of language or cognitive disorder, or lack of cooperation, or because the interviewee forgot to probe sufficiently deeply. It is distinguished from (8) because the examination was not, for whatever reason, carried out adequately.</p>																
<p>Item 3.002 Feeling of nervous tension</p> <p>Section Worrying, tension, etc.</p> <p>Item Information Section Information QSI-MV Diagnostic status IQD-10 Diagnostic status</p> <p>Have you often felt on edge or keyed up or mentally strained?</p> <p>What is that like?</p> <p>How severe is it?</p> <p>Do everyday problems get on top of you?</p> <p>Do you tend to startle too easily?</p> <p>There is no need for autonomic accompaniments for this symptom to be rated present though they usually are. Include exaggerated startle response. Feelings alone in relation to real problems = mild. If R says she or he is anxious but does not describe autonomic symptoms, consider rating here.</p>																
<p>Item Glossary</p> <p>A feeling of inner restlessness or unease expressed in terms such as 'nerves', 'being on edge', 'being keyed up'. (Being 'upright' or 'wound-up' implies a degree of muscular tension as well and the two symptoms commonly co-exist).</p> <p>Nervous tension is a state of arousal that has three basic characteristics of many non-specific and neurotic symptoms - it is unpleasant, not under voluntary control and not fully explicable in situational terms. There is likely to be an exaggerated startle response. Autonomic symptoms such as are dealt with in Section 4 may or may not be frankly present; they are not a requirement for the symptom. Nervous tension is not linked to any particular mental content though it often does accompany symptoms such as worry and anxiety, and may appear as a precursor to them.</p> <p>Differentiation from other symptoms:</p> <p>'Muscular tension' (item 3.003) is frequently present but it is not the same symptom and should be rated independently. Nervous tension should be differentiated from 'Anxiety' (item 3.022) and 'Anxious foreboding' (item 3.029), for which clear-cut autonomic symptoms must be present.</p> <p>Normal situational nervousness, such as being keyed up before taking an examination, should be rated 0, not 1.</p>																
<p>Period Overlaid Rating Attributes Comment</p> <p>PM 10/2/2002 10/31/2002</p> <p>LBP(M) 8/26/2000 10/2/2002</p>																
<p>Section</p> <p>Previous Next</p> <p>Item Go</p> <p>History Search</p> <p>Back Forward</p>																
<p>Number Item</p> <p>3.001 Worrying</p> <p>3.002 Feeling of nervous tension</p> <p>3.003 General muscular tension</p> <p>3.004 Calmness in the face of problems</p> <p>3.005 Localized friction pains</p> <p>3.006 Subjectively described restlessness</p> <p>3.007 Fatigability and exhaustion</p> <p>3.008 Sensitivity to noise</p> <p>3.009 Irritability</p> <p>3.010 Single ideas of reference</p> <p>3.011 Suspiciousness</p> <p>3.012 Depersonalization and derealization</p> <p>3.013 Non-delusional jealousy</p> <p>3.014 Timing of PERIOD 1 of Section 3</p> <p>3.015 Interference with activities due to</p> <p>3.016 Organic cause of symptoms in Sec</p> <p>3.017 Identity organic cause of Section</p>																



0 3 4 6

Number Item

3.002 Feeling of nervous tension

3.007 Fatigueability and exhaustion

3.009 Irritability

3.011 Suspiciousness

Paused 2/17

23:29:18

00:00:00 / 00:00:03

23:29:21

Item 3.007 Fatigueability and exhaustion

Item Information | Section Information | DSM-IV Diagnostic status | ICD-10 Diagnostic

Have you been getting exhausted and worn out during the day, even when you haven't been working very hard?

Exclude hypersomnia 8.016

Unduly tired = mild. Feels worn out, effort to carry on = moderate. Completely exhausted = severe.

Item Glossary

A symptom often accompanying, and in part due to, symptoms such as 'Muscular tension' (3.003), 'Restlessness' (2.005), and 'Worrying' (3.001). It should be rated independently. Three common criteria for a non-specific symptom should be met: subjects experience the fatigue as unpleasant, they are unable voluntarily to overcome it and it is inappropriate to the situation they find themselves in. Thus tiredness and sleepiness at the end of a hard day's work, or due to the after-effect of influenza, would not count. The tiredness is essentially a sense of mental and physical fatigue; worn out, lethargic, heavy - not merely sleepy. It can, however, accompany chronic loss of sleep. The most intense form of the symptom is exhaustion.

Differentiation from other symptoms:

Although it is possible to fall asleep as the result of being immobilized by physical fatigue, the symptom should be distinguished from sleepiness, and still more from hypersomnia (see item 8.016).

Excessive fatigue following exercise is rated at items 2.087, 2.088, and 2.092. If tiredness is due to a physical cause, including medication or a viral infection, rate etiologic attribution.

Section

Previous Next

Item

Previous Next

History

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Item Number

Item Text

Go Search

Please double-click on the Description, or highlight a Description and click the "Enter" key.

Score	Rating Description
0	This is a positive rating of absence. It does not mean 'not known' or 'uncertain' whether present or not. It can only be used if sufficient information is available to establish its accuracy.
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8	If, after an adequate examination, the interviewer is still not sure whether a symptom is present (rated 1-3) or absent (rated 0), the rating is (8). This is the only circumstance in which (8) is used. It should not be used to indicate a malfunction of the symptom.
9	This rating is only used if the information needed to rate an item is incomplete in some respect, for example because of language or cognitive disorder, or lack of cooperation, or because the interviewee forgot to probe sufficiently deeply. It is distinguished from (8) because the examination was not, for whatever reason, carried out adequately.

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FIG. 6B